



## Guidance document for processing PM-JAY packages

### Nephrolithotomy & Follow-up

Procedures covered: 3

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Nephrolithotomy	Open	S700030, S700031	SU005A	30,000	4
Nephrolithotomy	Anatrophic	S700031	SU005B	30,000	4
Open Nephrolithotomy Follow Up	Open Nephrolithotomy Follow Up	New Package	SU006A	1000	NA

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB or Equivalent (in Urology)

**Special empanelment criteria/linkage to empanelment module:** Tertiary care facilities

#### Disclaimer:

For monitoring and administering the claim management process of **Nephrolithotomy & Follow up**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

### **PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS**

#### **1.1 Objective:**

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

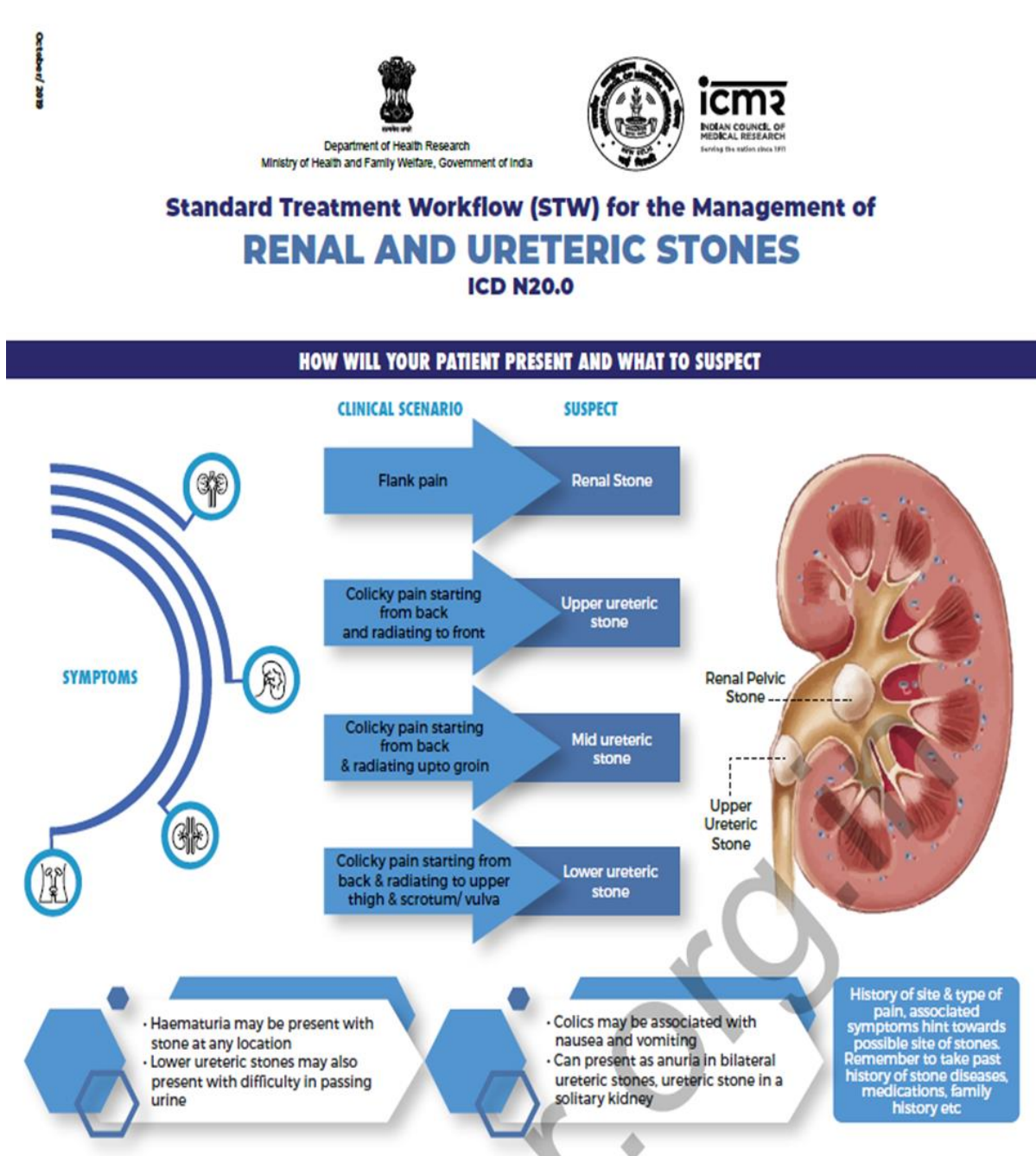
#### **1.2 Clinical key pointers:**

**Open:** Open procedure indicated for large staghorn calculi. Access the kidney through an open approach, identifying a relatively avascular plane in the posterior kidney, and then making an incision through this plane and subsequently removing the calculus.

- Advances in endourology have greatly reduced indications to open surgery in the treatment of staghorn kidney stones. open surgery still represents the treatment of choice in rare cases. Open surgical procedures are only recommended in patients with complete staghorn stones associated with infundibular stenosis or distortion of intrarenal anatomy

**Anatrophic:** Anatrophic nephrolithotomy is a procedure in which a parenchymal incision is made in **an intersegmental plane**, allowing removal of large renal calculi.

- A flank incision is made, and the kidney carefully mobilized. The main renal artery is isolated, and the posterior segmental artery identified.



**Follow-up Visit:** an imaging study to confirm the removal of all stone particle, prescribing drugs and Patient education.

### 1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Nephrolithotomy	Follow up
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes	Yes
b. Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP reports	Yes	No
c. Discharge Summary of last admission for Nephrolithotomy procedure	No	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers	Yes	Yes
b. Detailed Procedure / operation notes	Yes	Yes
c. Post procedure X Ray / USG KUB showing the stone removed	Yes	No
d. Urine routine	No	Yes
e. Detailed discharge summary	Yes	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc, in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

**2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

Mandatory document	Nephrolithotomy	Follow Up
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>		
a. Was the Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure submitted?	Yes	Yes

b. Was the Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP report submitted?	Yes	No
c. Was the Discharge Summary of last admission for Nephrolithotomy procedure submitted?	No	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>		
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes	Yes
b. Was the Detailed Procedure/Operative/follow-up (For follow up visit) notes submitted?	Yes	Yes
c. Post procedure X Ray / USG KUB showing the stone removed submitted?	Yes	No
d. Was the Urine routine submitted?	No	yes
e. Was the Detailed discharge summary submitted?	Yes	Yes

### **PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)**

**3.1 Objective:** To enable setting up of cross check mechanisms / rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

**3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:**

- Was the Clinical notes and IVP / NCCT/ CT-IVP indicative of procedure (Nephrolithotomy procedure)? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

#### **References:**

- Keshavamurthy, Ramaiah, et al. "Anatrophic nephrolithotomy in the management of large staghorn calculi—a single centre experience." Journal of clinical and diagnostic research: JCDR 11.5 (2017): PC01.
- Assimos, D G. "Anatrophic nephrolithotomy." Urology vol. 57,1 (2001): 161-5.
- Falahatkar, S., et al. "Percutaneous nephrolithotomy versus open surgery for patients with renal staghorn stones." (2009).
- Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information. ©



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